

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

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Applicant(s): Walter H. Günzburg, Robert M. Saller and Brian Salmons

Serial No.: 09/035,596

Group Art Unit: 1633

Filed: March 5, 1998

Examiner: S. Chen

For: The Use of the WAP or MMTV Regulatory Sequences for Targeted, Expression of Linked Heterologous Genes in Human Mammary Cells, Including Human Mammary Carcinoma Cells

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>2.14.02</u>	<u>Jenine Crump</u>
Date	Signature
<u>Jenine Crump</u>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 15, 2001 of the Primary Examiner finally rejecting claims 1, 2, 9-14, 16-19, 23-28, 31-33 and 36-94. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated August 15, 2001 for three month(s) from November 15, 2001 to February 15, 2002.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.  
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three month(s)		\$ 920
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	( <input type="checkbox"/> mo.)	\$ _____
	Less fee paid	( <input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 1240

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,240.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By

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Date:

February 14, 2002